

DEPARTMENT OF PARKS AND  
RECREATION  
RECREATION SERVICES



CITY OF SAINT PAUL  
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Battle Creek Recreation Center – S'more Fun  
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St. Paul, MN 55119      Phone: (651) 501-6388

**\* RETURN TO BATTLE CREEK\***  
**Battle Creek Community Recreation Center**  
**Recreation for Preschoolers**  
**Registration Packet**  
**2010 - 2011**

Child's Name

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\_\_\_\_\_ \$30.00 Non-Refundable Registration Fee

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Fee Contract Form

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Medication Permission Form (if needed)

\_\_\_\_\_ Release Form

\_\_\_\_\_ Parent Received Parent Handbook

**REGISTRATION FORM  
(PLEASE PRINT CLEARLY)**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_ Birth Date \_\_\_\_ \* \_\_\_\_ \* \_\_\_\_ Sex: Female Male

Child resides with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father  
\_\_\_\_\_ guardian \_\_\_\_\_ stepmother \_\_\_\_\_ stepfather

**Mother/Guardian's Name** \_\_\_\_\_

**Stepfather's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Father/ Guardian's Name** \_\_\_\_\_

**Stepmother's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone(    ) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Persons authorized to pick your child up from Battle Creek. Photo identification may be requested by staff, prior to releasing your child.

**\*MUST BE 18 years old or older\***

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____

### **HELPFUL ADDITIONAL INFORMATION**

List any condition present that might result in an emergency, and a correct plan of action:

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List any special needs of your child (allergies, special diet, medications your child takes, etc.):

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Language, other than English, your child speaks or understands:

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Special interests or favorite activities of your child:

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Particular behavior difficulties or potential problems we should be aware of:

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Any additional information that would be helpful:

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List the names and ages of brothers, sisters, stepbrothers and stepsisters:

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In relation to your child, what are your expectations of the Battle Creek S'more Fun Program:

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**S'MORE FUN**  
**EMERGENCY INFORMATION FORM**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Birth Date \_\_\_\_\*\_\_\_\_\*\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Business phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Parent - Guardian to contact in case of an emergency:

\_\_\_\_\_

If my child becomes ill, and I cannot be reached, please call:

1. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Doctor and Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Medical Insurance Company, and Policy Number for your child:

\_\_\_\_\_

Preferred Hospital - Emergency Room \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**BATTLE CREEK S'MORE FUN PROGRAM  
RELEASE FORM**

Child's Name \_\_\_\_\_

**Program**

I agree to abide by the terms and conditions of the Saint Paul Parks and Recreation, Battle Creek S'MORE FUN Program, policies of which I have received a copy, governing the enrollment of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Emergencies**

In the case of a life-threatening emergency involving my child, I authorize the Battle Creek S'MORE FUN Program Staff to use the Saint Paul Paramedics to transport my child to the nearest hospital Emergency Room, for emergency medical treatment. The child will be transported at the expense of the parent. (If you prefer a specific hospital, please indicate which one. We will use it if possible.)

Hospital \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sun Screen**

My child has permission to apply sun screen, and the staff has permission to help my child do so if needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Anecdotes and Pictures**

I grant permission to Battle Creek Recreation Center to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Saint Paul Parks and Recreation**  
**Battle Creek Recreation for Preschoolers**

**Fee Contract**

Child's Name \_\_\_\_\_

The Battle Creek Recreation Center Preschool Program is a non-profit program, which operates on the fees paid by the parent(s), of enrolled children. Therefore, it is essential that your fees be paid promptly and regularly.

Month	Total Payment
	Tiny Turtles - \$95.00 a month (age 3) Learning Lizards - \$115.00 a month (age 4)
September	
October	
November	
December	
January	
February	
March	
April	
May	

**Agreement:** I have read the Battle Creek Preschool Program fee payment policies, and I agree to pay the monthly tuition in advance. I also understand that the tuition is due, in full, for all of the above months, regardless of vacations or illnesses.

Signature \_\_\_\_\_ Date \_\_\_\_\_